

GRANT PAYMENT REQUEST

CAL/EPA 220 (REVISED 02/2006)

Mail Payment Request to:		
California Environmental Protection Agency		
EJ Small Grants Program (Attn: name of assigned Cal/EPA EJ Grant Manager)		
PO Box 2815, Sacramento, California 95812		
1. GRANTEE NAME (AS APPEARS ON GRANT AGREEMENT)		2. GRANT NUMBER (ASSIGNED BY CAL/EPA)
3. PAYMENT REQUEST NUMBER		5. AMOUNT REQUESTED \$
4. TYPE OF PAYMENT REQUEST (ATTACH SUPPORTING DOCUMENTATION) <input type="checkbox"/> Initial <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final		
6. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)		<input type="checkbox"/> A Non-Profit Entity <input type="checkbox"/> Federally Recognized Tribe
7. Send warrant to:		
CONTACT NAME		CONTACT PHONE (WITH AREA CODE)
ADDRESS		
CITY	STATE	ZIP CODE
8. Under penalty of perjury, I certify that <i>/I am the duly authorized officer of the claimant herein;</i> <i>/This claim is in all respects true, correct and all funds received have been or will be expended in accordance with applicable laws, rules, regulations and grant conditions and assurances</i> <i>/This claim is for costs incurred within the grant performance period.</i>		
<i>Print or Type Name of Authorized Signatory</i>		<i>Signature Authority Title</i>
<i>Signature of Authorized Signatory</i>		<i>Date</i>
Cal/EPA Staff Use Only		
9. TOTAL PREVIOUS PAYMENT (IF ANY)		\$
10. TOTAL CUMULATIVE RECEIVED		\$
11. TOTAL GRANT AWARD		\$
12. APPROVED AMOUNT FOR PAYMENT		\$
13. BALANCE AVAILABLE AFTER PAYMENT OF THIS REQUEST		\$
14. COMMENTS		15. DATE THIS REQUEST WAS RECEIVED BY CAL/EPA
<i>Cal/EPA EJ Grant Manager Approval Signature</i>		<i>Date Approved</i>
<i>Accounting Office Approval Signature</i>		<i>Date Approved</i>

See instructions on reverse side

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Instructions for completing form

SECTION	TITLE	DESCRIPTION
1.	GRANTEE NAME (AS APPEARS ON THE GRANT AGREEMENT)	Organization or Federally Recognized Tribal Government name as it appears on the grant agreement
2.	GRANT NUMBER (ASSIGNED BY CALEPA)	Grant number assigned by the Cal/EPA as it appears on the grant agreement
3.	PAYMENT REQUEST NUMBER	Start with 1 for the first payment request and number all subsequent payment requests consecutively
4.	TYPE OF PAYMENT REQUEST (ATTACH SUPPORTING DOCUMENTATION)	Initial– one-time limited payment to assist the start up of the project and must include a letter justifying this request. Reimbursement– typical payment request paid on a reimbursement basis commensurate with work performed Final– final payment after the completion of the project
5.	AMOUNT REQUESTED	Amount being requested for payment
6.	FEDERAL EMPLOYER IDENTIFICATION NUMBER	Number used to identify a business entity or nonprofit organization
7.	SEND WARRANT TO	Grantee's name, contact name, address, city, state, and zip code as it appears on grant agreement
8.	CERTIFICATION	Print or type name and title of person authorized on the Application Coversheet included with the Grantee's application The person authorized on the Application Coversheet/Resolution included with the Grantee's application must sign and date
9.	TOTAL PREVIOUS PAYMENT	Amount paid to the Grantee in previous request (if any)
10.	TOTAL CUMULATIVE	Total amount received by Grantee to date calculated by the Cal/EPA
11.	TOTAL GRANT AWARD	Amount awarded by Cal/EPA for EJ Small Grant Funding within performance term
12.	APPROVED AMOUNT FOR PAYMENT	Amount approved for payment by the Cal/EPA Grant Manager
13.	BALANCE AVAILABLE AFTER PAYMENT	Amount available for future payment that has not yet been expended
14.	COMMENTS	Comments about additions, deductions or general comments related to this payment request
15.	DATE RECEIVED	Date payment request was received by the Cal/EPA

Send grant payment request with supporting documentation (i.e. invoices and proof of payment) to:

California Environmental Protection Agency
 EJ Small Grants Program
 Attention: *(Insert name of assigned Cal/EPA EJ Grant Manager)*
 PO Box 2815, 1001 "I" Street,
 Sacramento, CA 95812